

<i>SERFF Tracking Number:</i>	<i>CMIC-125675724</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Policy Modification Signature Document</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Policy Modification Signature Document SERFF Tr Num: CMIC-125675724 State: Arkansas

TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted & Pending	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Sheila Andrew	Disposition Date: 06/11/2008
	Date Submitted: 06/04/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 06/11/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/11/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 06/11/2008	
State Status Changed: 06/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Cameron Mutual Insurance Company (CMIC) submits for review by the Arkansas Insurance Department our Policy Modification Signature Document - Arkansas.	

This signature document will be used by our Commercial programs to allow for the addition of new exclusion / endorsement forms to a current policy. As per company correspondence with Bill Lacy, the filing of a signature

SERFF Tracking Number: CMIC-125675724 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Policy Modification Signature Document
Project Name/Number: /

document for this purpose should fulfill the compliance requirements of Ark. Code Ann. § 23-79-307(3)

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance sandrew@cameron-insurance.com
Specialist
214 McElwain Drive (800) 326-6511 [Phone]
Cameron, MO 64442-1321 (816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company CoCode: 15725 State of Domicile: Missouri
214 McElwain Drive Group Code: 532 Company Type: Property &
Casualty
Cameron, MO 64429-1321 Group Name: State ID Number:
(800) 326-6511 ext. [Phone] FEIN Number: 44-0447850

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	06/04/2008	20656204

SERFF Tracking Number:	CMIC-125675724	State:	Arkansas
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TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/11/2008	06/11/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correspondence with Bill Lacy	Note To Reviewer	Sheila Andrew	06/04/2008	06/04/2008

<i>SERFF Tracking Number:</i>	<i>CMIC-125675724</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Policy Modification Signature Document</i>		
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Disposition

Disposition Date: 06/11/2008
Effective Date (New): 06/11/2008
Effective Date (Renewal): 06/11/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMIC-125675724 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Policy Modification Signature Document
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Modification Signature Document - Arkansas	Approved	Yes

SERFF Tracking Number: *CMIC-125675724* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number:
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Policy Modification Signature Document*
Project Name/Number: */*

Note To Reviewer

Created By:

Sheila Andrew on 06/04/2008 09:32 AM

Subject:

Correspondence with Bill Lacy

Comments:

The correspondence with Bill Lacy referenced in our filing description under the general information tab, was in the form of an email exchange between Bill Lacy and Bill Ezell, CMIC Marketing Supervisor, dated April 8, 2008. Edith Roberts was included by cc: in the emails.

Please let me know if you have any questions.

Sheila

SERFF Tracking Number:	CMIC-125675724	State:	Arkansas
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Product Name:	Policy Modification Signature Document		
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Modification Signature Document - Arkansas	IL COMM	(06-08)	Disclosure/ New Notice			POLICY MODIFICATI ON.pdf

**POLICY MODIFICATION SIGNATURE DOCUMENT
ARKANSAS**

Insured:

Insured address:

Policy Number:

Company:

The Company agrees to issue, or continue, the policy referenced above based upon the insured's agreement that the following endorsement(s) are added to the policy effective .

SCHEDULE:

Endorsement Number(s)	Endorsement title(s)
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Accepted: _____
(signature required of first Named Insured)

Date: _____

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMIC-125675724	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:			
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Policy Modification Signature Document		
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/11/2008
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Comments:

Attachment:

AR Transmittal Document.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
					0532
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Cameron Mutual Insurance Company	MO	15725	44 0447850		

5. Company Tracking Number	CMIC-125675724
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7. Signature of authorized filer		<i>Sheila P Andrew</i>		
8. Please print name of authorized filer		Sheila P. Andrew		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0 Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Interline
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon filing Renewal: Upon Filing
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	June 4, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CMIC-125675724
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
SERFF EFT Amount: \$50 Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CMIC-125675724
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policy Modification Signature Document - Arkansas	IL COMM (06-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1